

*original*

**FILED**

JUN - 6 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

10 Francisco Partida, )  
11 Plaintiff, ) CASE NO. CV 0867-JF (PR)  
12 vs. )  
13 L.E. Scribner, Warden ET AL., )  
14 Defendant. )  
15 \_\_\_\_\_

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

16 I, Francisco Partida, declare, under penalty of perjury that I am the  
17 plaintiff in the above entitled case and that the information I offer throughout this application  
18 is true and correct. I offer this application in support of my request to proceed without being  
19 required to prepay the full amount of fees, costs or give security. I state that because of my  
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am  
21 entitled to relief. (See Ex.A.)

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes        No x

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the  
25 name and address of your employer:

26 Gross: N/A Net: N/A

27 Employer: N/A

28 \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
2 salary and wages per month which you received. (If you are imprisoned, specify the last  
3 place of employment prior to imprisonment.)

4 N/A

5

6

7 2. Have you received, within the past twelve (12) months, any money from any of the  
8 following sources:

9       a. Business, Profession or                          Yes \_\_\_\_\_ No  X

10      self employment

11       b. Income from stocks, bonds,                    Yes \_\_\_\_\_ No  X

12      or royalties?

13       c. Rent payments?                                  Yes \_\_\_\_\_ No  X

14       d. Pensions, annuities, or                        Yes \_\_\_\_\_ No  X

15      life insurance payments?

16       e. Federal or State welfare payments,            Yes \_\_\_\_\_ No  X

17      Social Security or other govern-  
18      ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
20 received from each.

21 N/A

22

23 3. Are you married?                                  Yes \_\_\_\_\_ No  X

24 Spouse's Full Name: \_\_\_\_\_ N/A

25 Spouse's Place of Employment: \_\_\_\_\_ N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ N/A Net \$ \_\_\_\_\_ N/A

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_ 0

N/A

7 | 5. Do you own or are you buying a home? Yes  No

8 | Estimated Market Value: \$        O      Amount of Mortgage: \$        O

9 | 6. Do you own an automobile? Yes    No   x

10 Make \_\_\_\_\_ N/A Year \_\_\_\_\_ N/A Model \_\_\_\_\_ N/A

11 Is it financed? Yes        No  x   If so, Total due: \$        Q

12 Monthly Payment: \$        0

13 7. Do you have a bank account? Yes       No       (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_ N/A

15

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes  No  Amount: \$ 0

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated

19 market value.) Yes  No

21 8. What are your monthly expenses?

22. Rent: \$  O  Utilities:  O

23 || Food: \$ 0 Clothing: \$ 0

## 24 | Charge Accounts:

25 Name of Account

26	N/A	\$	N/A	\$	N/A
27	N/A	\$	N/A	\$	N/A
28	N/A	\$	N/A	\$	N/A

1    9.    Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

N/A

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes        No <sup>x</sup>

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

N/A

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and  
understand that a false statement herein may result in the dismissal of my claims.

5/23/08

Francisco Partida

17 | DATE

**SIGNATURE OF APPLICANT**

E X H I B I T

A

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

STATE OF CALIFORNIA PRISON CERTIFICATE  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant

*P. Arista*

(NAME OF INMATE)

*F22180*

(INMATE'S CDC NUMBER)

has the sum of \$

*-7.00*

on account to his/her credit at

*Calipatria State Prison*

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities

*N/A*

to his/her credit according to the records of the aforementioned institution. I further certify that during  
the past six months the applicant's average monthly balance was \$ *0*

and the average monthly deposits to the applicant's account was \$ *0*

*4/14/08*

DATE

*K. Perdomo*

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

*K. Perdomo*

OFFICER'S FULL NAME (PRINTED)

*Account Clerk II*

OFFICER'S TITLE/RANK

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 CALIPATRIA STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU APR. 14, 2008

ACCOUNT NUMBER : F22180  
 ACCOUNT NAME : PARTIDA, FRANCISCO  
 PRIVILEGE GROUP: B  
 BED/CELL NUMBER: FD0400000000115L  
 ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
4/08/2008	H104	DAMAGES HOLD	IDCARD3849	7.00

TRUST ACCOUNT SUMMARY

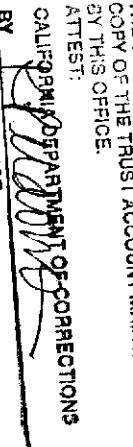
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	7.00	0.00

CURRENT  
AVAILABLE  
BALANCE

7.00 -

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS  
  
 BY   
 TRUST OFFICE

## VERIFICATION

STATE OF CALIFORNIA  
COUNTY OF IMPERIAL

(C.C.P. SEC. 446 & 2015.5: 28 U.S.C. 1746)

I, Francisco Partida DECLARE UNDER PENALTY OF PERJURY THAT: I AM THE Petitioner IN THE ABOVE ENTITLED ACTION. I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF, AND THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION, AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

EXECUTED THIS 23<sup>rd</sup> DAY OF May 2008 AT  
CALIPATRIA STATE PRISON, CALIPATRIA CALIFORNIA 92233-5002

(SIGNATURE) francisco Partida  
DECLARANT/PRISONER

## PROOF OF SERVICE BY MAIL

(C.C.P. SEC. 1013 (a) & 2015.5 28 U.S.C. 1746)

I, Francisco Partida, AM A RESIDENT OF CALIPATRIA STATE PRISON, IN THE COUNTY OF IMPERIAL, STATE OF CALIFORNIA, I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND AM / AM NOT A PARTY OF THE ABOVE ENTITLED ACTION. MY STATE PRISON ADDRESS IS P.O. BOX 5002, CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA, 92233-5002.

ON 5/23/ 2008 IS SERVED THE FOREGOING:

PETITIONER'S APPLICATION TO  
PROCEED IN FORMA PAUPERIS

SET FORTH EXACT TITLE OF DOCUMENTS SERVED

ON THE PARTY(S) HEREIN BY PLACING A TRUE COPY(S) THEREOF, ENCLOSED IN A SEALED ENVELOPE(S) WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO PROVIDED AT CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA 92233-5002.

Office of the Clerk  
U.S. District Court  
Northern District of California  
280 South First Street, Room 2112  
San Jose, CA 95113-3095

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO ADDRESSED. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE 5/23/, 2008

x Francisco Partida  
(DECLARANT / PRISONER)

Francesco Parida  
F 22180 D4-115

P.O. Box 5002

OFFICE of The Clerk  
U.S. DISTRICT COURT  
Northern District of California  
280 South First Street, Room  
San Jose, CA 95113-3095



PRIORITY  
MAIL  
UNITED STATES POSTAGE SERVICE

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